October 31, 2009

Honorable Robert D. Drain. One Bowling Green New York, NY 10004-1408

Re: Delphi Corporation, et al. Case No. 05-44481

This letter is to advise you that on October 31, 2009, Creditor Denise C. Olbrecht mailed a Request for Payment of an Administrative Expense Claim (copy enclosed) to the Claims Agent, Kurtzman Carson Consultants, at 2335 Alaska, Ave., El Segundo, CA 90245 in the above-captioned case.

On July 13, 2009, Creditor filed an administrative expense claim against Debtor for contractual unpaid post-petition severance payments. A copy of that claim is attached to the current claim as Exhibit 2.

Because Creditor has not received all of its severance payments from Debtor and Reorganized Debtor, and because it is unclear whether or not those unpaid severance payments will be paid under the Modified Plan of Reorganization, this Request for Payment of an Administrative Expense Claim is being filed by the November 5, 2009 bar date as a protective measure for the unpaid balance at October 31, 2009.

On October 31, 2009 Creditor also served copies on Counsel for the Debtors and Counsel for the Creditors' Committee, as required, at the following addresses.

Counsel for the Debtors

Mr. John Wm. Butler, Jr. Skadden, Arps, Slate, Meagher & Flom LLP 155 North Wacker Drive Chicago, IL 60606

Counsel for the Creditors' Committee

Mr. Robert J. Rosenberg Latham & Watkins 885 Third Avenue New York, NY 10022-4834

Sincerely,

Denise C. Olbrecht

NOV - 3 2009

U.S. BANKRUPTCY COURT
SO. DIST. OF NEW YORK

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Southern District of New York	Expense Claim	•
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EXHIBIT 1

United States Bankruptcy Court

Southern District of New York

Delphi Corporation et al. 05-44481

Creditor: Denise C. Olbrecht - Delphi Employee Identification No. 1001890

Attachment to Administrative Expense Claim Form Dated October 31, 2009

On July 13, 2009, Denise C. Olbrecht ("Creditor") filed an administrative expense claim against Delphi Corporation ("Debtor") for contractual unpaid post-petition severance payments. A copy of that claim is attached as Exhibit 2.

Because Creditor has not received all of its severance payments from Debtor and Reorganized Debtor, and because it is unclear whether or not those unpaid severance payments will be paid under the Modified Plan of Reorganization, this administrative expense claim is being filed by the November 5, 2009 bar date as a protective measure for the unpaid balance at October 31, 2009.

On January 28, 2009, a written post-petition Separation Allowance Agreement (the "Agreement") was entered into between Delphi Corporation ("Debtor") and its employee Denise C. Olbrecht ("Creditor") pursuant to Debtor's severance plan for unclassified executives. According to the Agreement, severance pay in the total amount of \$155,040.00, less applicable deductions, is to be paid in twenty-four semi-monthly installments commencing on April 15, 2009. The Agreement further provides for an additional payment of \$2,000.00 as set forth in the Agreement. Through October 31, 2009, Creditor received fourteen semi-monthly installment payments in the total amount of \$90,440.00. In addition, Creditor also received the additional \$2,000.00, less applicable withholding, to help pay for health care coverage. Total severance/wages agreed to be paid, subject to employee withholding, amounts to \$157,040.00.

Through October 31, 2009, Creditor has received fourteen of the twenty-four, semi-monthly installment severance/wage payments totaling \$90,440.00 plus the \$2,000.00 health care subsidy; less applicable employee withholding. The last two semi-monthly installment payments were paid by New Delphi Automotive Systems 1, LLC ("Reorganized Debtor"). Creditor believes that Debtor and Reorganized Debtor have paid their share of Federal Insurance Contributions Act ("FICA") tax and hospital insurance ("FICA-HI") tax required under Section 3111 of the Internal Revenue Code on behalf of Creditor to the United States Department of Treasury in the total amounts of \$5,731.28 and \$1,340.38, respectively, which represents the statutory FICA rate of 6.2% and the FICA-HI rate of 1.45% on wages of \$92,440.00 (\$90,440.00 + \$2,000.00). As of October 31, 2009, the total amount of unpaid severance/wages is \$69,541.90 which consists of \$64,600.00 for ten unpaid severance/wage installments; \$4,005.20 for unpaid employer's share of FICA tax on unpaid severance/wage installments (6.2% X \$64,600.00); and \$936.70 for unpaid employer's share of FICA-HI tax on unpaid severance/wage installments (1.45% X \$64,600.00). The unpaid FICA and FICA-HI taxes are owed to the United States Department of Treasury by Debtor and Reorganized Debtor on behalf of Creditor.

Southern District of New York Delphi Corporation et al. Claims Processing c'o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90245 Debtor against which claim is asserted: Delphi Corporation, et al. 05-444481 Case Name and Number In re Delphi Corporation,, et al. 05-44481 Chapter 11, Jointly Administered NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtars prior to the commencement of the case. This Administrative expense Claim Request form is to be used salely in connection with a request for payment of an administrative expense arising after commencement of the case but prior to Jane 1, 2009, pursuant to 11 U.S.C. § 503.	United State	s Bankruptcy Court	Administrative	
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6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COFY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)	Olbrecht on 1/28/2009 for ser making any payments after it claim for unpaid severance/w	verance/wages to be paid in 24 semi-monthly ins	tallments beginning 4/15/2009. Creditor has learned to come some time in July 2009. Creditor is filia	ed that Debtor will not be g this administrative expense eement. Refer to Exhibit 1 for
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Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)	R DATE-STAMPED COPY: T	o receive an acknowledgement of the filing of you	r claim, enclose a stamped, self-addressed	1
July 10, 2009 Weniel C. Villel Denise C. Olbrecht		Sign and print the name and title, if any, of the cauthorized to file this claim (attach copy of power	a of anniety, is any,	KURTZMAN CARSON CUNSULIANTS
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EXHIBIT 1

United States Bankruptcy Court

Southern District of New York

Delphi Corporation et al. 05-444481

Creditor: Denise C. Olbrecht - Delphi Employee Identification No. 1001890

Attachment to Administrative Expense Claim Form Dated July 10, 2009

On January 28, 2009, a written post-petition Separation Allowance Agreement (the "Agreement") was entered into between Delphi Corporation ("Debtor") and its employee Denise C. Olbrecht ("Creditor") pursuant to Debtor's severance plan for unclassified executives. A copy of the Agreement is attached as Exhibit 2. According to the Agreement, severance pay in the total amount of \$155,000.00, less applicable deductions, is to be paid in twenty-four semi-monthly installments commencing on April 15, 2009. The Agreement further provides for an additional payment of \$2,000.00 as set forth in the Agreement. Through June 30, 2009, Creditor received six semi-monthly installment payments in the total amount of \$38,760.00. In addition, Creditor also received the additional \$2,000.00, less applicable withholding, to help pay for health care coverage. Total severance/wages agreed to be paid, subject to employee withholding, amounts to \$157,000.00.

Through June 30, 2009, Creditor has received six of the twenty-four, semi-monthly installment severance/wage payments totaling \$38,760.00 plus the \$2,000.00 health care subsidy; less applicable employee withholding. Creditor believes Debtor has paid its share of Federal Insurance Contributions Act ("FICA") tax and hospital insurance ("FICA-HI") tax required under Section 3111 of the Internal Revenue Code on behalf of Creditor to the United States Department of Treasury in the total amounts of \$2,527.12 and \$591.02, respectively, which represents the statutory FICA rate of 6.2% and the FICA-HI rate of 1.45% on wages of \$40,760.00 (\$38,760.00 + \$2,000.00). Also attached as Exhibit 3, in support of the above-claimed payments and withholdings, is a copy of Creditor's June 30, 2009, pay stub received from Debtor. As of July 10, 2009, the total amount of unpaid severance/wages is \$125,175.42 which consists of \$116,280.00 for eighteen unpaid severance/wage installments; \$7,209.36 for unpaid employer's share of FICA tax on unpaid severance/wage installments (6.2% X \$116,280.00); and \$1,686.06 for unpaid employer's share of FICA-HI tax on unpaid severance/wage installments (1.45% X \$116,280.00). The unpaid FICA and FICA-HI taxes are owed to the United States Department of Treasury by Debtor on behalf of Creditor.

Creditor has learned that in a June, 2009, "all-employee" meeting held by Debtor at its Troy, Michigan World Headquarters, Rodney O'Neal, Debtor's Chief Executive Officer and President, announced that under Debtor's modified reorganization plan filed in June, 2009, severance payments remaining due under separation allowance agreements entered into prior to June, 2009, will not be paid following Debtor's emergence from bankruptcy which is planned to occur during July, 2009. Creditor is filing this administrative expense claim for unpaid severance/wages and related, unpaid FICA and FICA-HI tax employer contributions provided for under the Agreement which Creditor believes, per the above announcement, will not be paid by Debtor after July 10, 2009. Creditor will amend this claim to account for severance/wage payments and related FICA and FICA-HI tax contributions made by Debtor subsequent to July 10, 2009.

EXHIBETO 7

Denise C. Olbrecht

Datahi Corporation Separation Allowance Plan Release of Claims

I have been separated from my employment with Delphi Corporation ("Delphi") effective April 1, 2009 under terms which make me eligible for benefits under the Separation Allowance Plan (the "Plan"). These benefits include Severance Pay in the total amount of \$155,040.00, less applicable deductions, to be paid in 24 semi monthly installments commencing on April 15, 2009, and Other Transition Assistance, comprised of outplacement assistance and \$2000 which I may, at my discretion, use to help pay for the continuation of health care coverage through Delphi; provided, however, that, if I am eligible to retire with corporate contributions for health care in retirement at the time of my separation, I am not eligible for this \$2,000. I acknowledge that the consideration provided for in this Release of Claims is in excess of anything I would otherwise be entitled to receive absent my signing this Release of Claims.

In consideration for receiving these benefits, I, for myself, family, heirs, and representatives, release, remise, and forever discharge Delphi, General Motors Corporation, and their respective officers, shareholders, subsidiaries, affiliates, joint ventures, employee benefit plans, agents and employees, successors, and assigns from any and all manner of actions, causes of actions, suits, proceedings, damages, costs, and claims whatsoever in law or in equity (collectively "Claims"), which I have or may have based upon or in connection with my employment with or separation from Delphi. This release specifically includes all Claims under the Employee Retirement Income Security Act of 1974, as amended, which regulates employee benefit plans; Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination in employment based on race, color, national origin, religion, or sex; the Americans with Disabilities Act, which prohibits discrimination in employment based on disability; the Age Discrimination and Employment Act, which prohibits discrimination in employment based on age; the Equal Pay Act, which prohibits wage discrimination; state fair employment practices or civil rights laws; and any other federal, state or local law, order, or regulation or the common law relating to employment or employment discrimination, including those which preclude any form of discrimination based on age. This includes, without limitation, Claims for breach of contract (either express or implied), slander, libel, defamation, and wrongful discharge. This release does not apply to Claims that are not subject to waiver under applicable law. This covers Claims I know about and Claims I do not know about: but does not cover Claims that arise after I separate from Delphi.

I understand that, by accepting benefits under the Plan, I will no longer be entitled to receive any disability benefits (shortterm, long-term, or total and permanent) under the Delphi Life and Disability Benefits Program for Salaried Employees of the Delphi Retirement Program for Salaried Employees relating to any disability that arose or arises at any time, and if I am currently receiving or am eligible to receive disability benefits as of the effective date of this Release of Claims, I understand that such benefits or eligibility for such benefits will cease upon the effective date of this Release of Claims.

I have been given a minimum of forty-five (45) calendar days to review this Release of Claims and a written notice of the ages and job titles of all individuals in the same job classification or organizational unit who were (i) selected and (ii) who were not eligible or not selected for separation. I understand that I may use as much of this forty-five (45) day period as I wish. I have been advised to consult an attorney before signing this Release of Claims, but understand that whether or not I do so is exclusively my decision. I understand that I may revoke this Release of Claims within seven (7) days of my signing it. To be effective, the revocation must be in writing and must be received by Michael Waters before the close of business on the seventh (7th) day after I sign this Release of Claims.

I acknowledge that Delphi has made no prior representations, promises, or agreements relating to my employment and separation contrary to this Release of Claims. I understand that I am not eligible for benefits Delphi provides under any other separation program and that I will not be eligible for any enhancements Delphi may subsequently make to the benefits provided under the Plan. This Release of Claims constitutes the entire and only understanding between Delphi and me regarding my separation. If any provision or portion of this Release of Claims is held unenforceable or invalid, all remaining provisions of this Release of Claims remain in full force and effect.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS. LAFFIRM THAT LUNDERSTAND AND VOLUNTARILY AGREE TO ITS TERMS.

January 28, 2009

Accepted:

05-44481-rdd Doc 19036 Filed 11/03/09 Entered 11/04/09 09:44:09 Main Document Pg 7 of 7 **EXHIBIT 3**

POSSESSION NO	DEPOSIT NO.	SOCIAL SECURITY NO.	PAY ENDING DATE	PAID THRU	VERTIME		FEDERAL TAX			
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" DEBTORS IN POSSESSION"

DELPHI - DEBTOR IN POSSESSION DETROIT, MI 48202

DELPHI

Deposit Date: 06/30/2009

Deposit Amount: *****4,174.09

DEPOSIT BANK: REDACTED

BANK ACCOUNT NO: REDACTED

EMPLOYEE NAME: DENISE C OLBRECHT

IN ACCORDANCE WITH YOUR INSTRUCTIONS A DEPOSIT HAS BEEN MADE ON THE DATE INDICATED TO THE BANK ACCOUNT DESIGNATED BY YOUR THE AMOUNT OF HET PAY REFLECTED ON THE ATTACHED STATEMENT OF EARWINGS AND DECOCTIONS. HOTHY YOUR PAYROLL DEPARTMENT INMEDIATELY IN THE EVENT OF A CHANGE IN BANK ACCOUNT NUMBER.